

January 16, 2015

**\*\*\*IMPORTANT NOTICE\*\*\***  
**VERMONT MEDICAID PHARMACY NOTIFICATION**

Effective January 1<sup>st</sup>, 2015, DVHA switched to its new PBM, Goold Health Systems (GHS). We are still experiencing a **higher than average call volume** as a result of the new system implementation. We are diligently assisting customers as quickly as possible and appreciate your patience if you are experiencing long wait times.

In addition to the Help Desk phone line, Vermont Pharmacy Providers can now send inquiries via **email** to [vthelpdesk@ghsinc.com](mailto:vthelpdesk@ghsinc.com) for any claim issues you are experiencing. You may also continue to use the provider helpdesk phone number of 1-844-679-5362.

Please be advised of the following while submitting claims:

**DUAL ELIGIBLES (MEDICAID AND MEDICARE ELIGIBILITY)**  
**(NCPDP Reject Code 41)**

- The DVHA does not wrap Part D covered drugs for Dual Eligible individuals. Therefore, claims for Part D covered medications should not be submitted to either PCN or VTPOP or VTPARTD. The Part D LIS Co-pays are the responsibility of the member. The PDP or MAPD should not be returning a co-pay of greater than \$6.60.
- Claims for Part D excluded drugs should be submitted to VTPOP with an OCC3, and Part B products should be submitted to VTPOP with an OCC of 2 or 4

**DUR Override Processing (NCPDP Reject Code 88)**

When a claim is rejected for a DUR edit, pharmacies may override the denial by submitting the appropriate Professional Service and Result of Service codes.

The chart below details the Professional Service and Result of Service codes that will override a claim that has been denied for Drug-to-Drug Interaction and/or Therapeutic Duplication. The Professional Service Code must accompany the appropriate Result of Service code as indicated in the chart to allow the override.

DUR REASON FOR SERVICE (Conflict)	PROFESSIONAL SERVICE CODE (Intervention)		RESULT OF SERVICE CODE (Outcome)	
	CODE	DESCRIPTION	CODE	DESCRIPTION
	MR	Medication review	1B	Filled prescription as is
	M0	Prescriber consulted		

<b>DD, TD</b>	<b>R0</b>	Consulted other		
	<b>M0</b>	Prescriber consulted	<b>1C</b>	Filled with different dose
	<b>R0</b>	Consulted other		
	<b>MR</b>	Medication review	<b>1D</b>	Filled with different directions
	<b>M0</b>	Prescriber consulted		
	<b>R0</b>	Consulted other		
	<b>MR</b>	Medication review	<b>3E</b>	Therapy changed
	<b>M0</b>	Prescriber consulted		
	<b>R0</b>	Consulted other		

GHS encourages providers to go to the website to view all recent changes to the payer sheet [www.ghsinc.com/payer-sheets](http://www.ghsinc.com/payer-sheets) or the DVHA website at <http://dvha.vermont.gov/providers/pharmacy-programs-bulletins-alerts>

Thank you for your cooperation.

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